

GESTATIONAL DIABETES MELLITUS

(GDM; Gestational Carbohydrate Intolerance)



BASIC INFORMATION

DESCRIPTION

A type of diabetes occurring only in pregnant women. Gestational diabetes mellitus (GDM) occurs in 2 to 3% of all pregnancies. The percentage is higher in some population groups, such as Native Americans, Mexican-Americans, Asians and East Indians.

FREQUENT SIGNS AND SYMPTOMS

- Usually no symptoms are apparent. A prenatal examination may find the fetus is larger than normal for the stage of pregnancy.
- The diagnosis is based on glucose testing done during the 24th to 28th week of pregnancy for nondiabetic mothers. Earlier testing is often recommended for patients diagnosed with GDM in a previous pregnancy.

CAUSES

Insufficient insulin is produced by the body to keep blood glucose levels normal during pregnancy.

RISK INCREASES WITH

- Obesity (especially in women with an apple-shaped body configuration).
- Marked increase in weight.
- Family history of diabetes mellitus.
- Previous birth of a large-for-date baby.
- Mother over age 25.
- Five or more previous pregnancies.
- History of an unexplained fetal death or stillbirth.
- Previous pregnancy with GDM.

PREVENTIVE MEASURES

While there are no specific preventive measures, prepregnancy weight loss in overweight women and prepregnancy evaluation for women considered borderline diabetic or who have a history of GDM may help reduce maternal or fetal risks.

EXPECTED OUTCOME

- The key to successful treatment and a healthy baby is determined by the mother's motivation and ability to change her lifestyle. For some, dietary control is sufficient, while for others, insulin may be required for treatment.
- Labor is spontaneous and the birth is usually vaginal. Cesarean section may be necessary if the fetus is considered too large for a vaginal birth.
- Gestational diabetes usually disappears with delivery of the baby.

POSSIBLE COMPLICATIONS

- Excess amniotic fluid (polyhydramnios).
- Premature labor.
- Patients with poor glucose control may need to have labor induced.
- Preeclampsia.
- Miscarriage (rare).

- Congenital anomalies (rare, unless the diabetes was present before pregnancy) in the newborn (heart or lung problems). Newborn may be larger than normal. Metabolic disorders of a newborn (low blood sugar, low blood calcium levels) are more likely to occur if the mother has poor glucose control.

- There is an increased risk for the mother of developing diabetes mellitus in the future.



TREATMENT

GENERAL MEASURES

- Treatment will include diet changes and a moderate exercise program. Enlist the support of other family members for help in making the necessary changes.
- You will learn how to monitor your glucose levels. At first, glucose checks will need to be done up to 6 times a day. Once glucose levels are in the desired range and diet modifications are understood, glucose checks may be reduced with the doctor's approval.
- Additional literature and information may be obtained from the American Diabetic Association, P.O. Box 25757, Alexandria, VA, (800) 232-3472.

MEDICATIONS

- Medicines are usually not necessary if glucose control is achieved with diet and exercise.
- Insulin may be prescribed for some patients unable to control glucose levels through diet and exercise.

ACTIVITY

A program of moderate, nonweight-bearing exercise is usually recommended. Exercising for even short time periods can have major benefits. Follow any prescribed exercise program carefully.

DIET

- Dietary changes are an important aspect of the treatment, and specific diet instructions will be provided. Following the prescribed diet will decrease the risks to mother and unborn child.
- These diet changes will involve increased fiber intake, fat restriction, elimination of concentrated sweets, and monitoring of caloric intake to prevent excessive weight gain.
- Consultation with a dietician is often recommended for educational purposes, to answer your dietary questions and to provide follow-up encouragement.



NOTIFY OUR OFFICE IF

- You are 24 to 28 weeks pregnant and have not had a screening test for gestational diabetes mellitus.
- Following diagnosis of gestational diabetes, you develop any new signs or symptoms that cause you concern.
- You have difficulty in following a prescribed diet or exercise program.